

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/532821**

FILING DATE

**08 NOV 2005**

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            |          |      |                                    |      | /                                  |      |
| 2            |          |      |                                    |      |                                    | /    |
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| 6            |          |      |                                    |      | /                                  |      |
| 7            |          |      |                                    |      |                                    | /    |
| 8            |          |      |                                    |      |                                    | /    |
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| 14           |          |      |                                    |      |                                    | /    |
| 15           |          |      |                                    |      | /                                  |      |
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| TOTAL IND.   |          | ↓    |                                    | ↓    | 4                                  | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    | 11                                 | ←    |
| TOTAL CLAIMS |          |      |                                    |      | 15                                 |      |

PTO - 1360 (REV. 11/04)

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
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| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |

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